(Caption of Case)  ORDER APPROVING BOOLLC D/B/A enTOUCH WIFELIGIBLE TELECOMMUN	OMERANG WIRELESS, ) RELESS AS AN )	PUBLIC SERVIO OF SOUTH COVER	RE THE CE COMMISSION CAROLINA R SHEET - 205 - C
(Please type or print)  Submitted by: Compliance	e Solutions. Inc	SC Bar Number:	
		Telephone: 407-260	)-1011
Address: 740 Florida Cent	ral Parkway	Fax: $\frac{107-260}{407-260}$	<del></del>
Suite 2028		Other:	1033
Longwood, FL 3	32750	Email: regulatory@csilong	wood com
Emergency Relief demand	DOCKETING INFORM	ECOMMISSION of South Carolina for the IATION (Check all that apply)  Request for item to be placed on expeditiously	Commission's Agenda
		eless - REVISED- Copies of FC	
INDUSTRY (Check one)	NATU	URE OF ACTION (Check all the	nat apply)
Electric	Affidavit	Letter	Request
Electric/Gas	Agreement	Memorandum	Request for Certification
Electric/Telecommunications	Answer	Motion	Request for Investigation
Electric/Water	Appellate Review	Objection	Resale Agreement
Electric/Water/Telecom.	Application	Petition	Resale Amendment
Electric/Water/Sewer	Brief	Petition for Reconsideration	Reservation Letter
Gas	Certificate	Petition for Rulemaking	Response
Railroad	Comments	Petition for Rule to Show Cause	Response to Discovery
Sewer	Complaint	Petition to Intervene	Return to Petition
<b>▼</b> Telecommunications	Consent Order	Petition to Intervene Out of Time	Stipulation
Transportation	Discovery	Prefiled Testimony	Subpoena
Water	Exhibit	Promotion	☐ Tariff
☐ Water/Sewer	Expedited Consideration	Proposed Order	Other:
Administrative Matter	Interconnection Agreemen	nt Protest	
Other:	Interconnection Amendme	ent Publisher's Affidavit	
	Late-Filed Exhibit		
	Print Form	Reset Form	



March 21, 2014

South Carolina Office of Regulatory Staff Telecommunications Division 1401 Main Street, Suite 900 Columbia, SC 29201

RE:

BOOMERANG WIRELESS, LLC Docket No. 2012-205-C – Order No. 2012-787 Compliance Filing - Copy of Form 497 - REVISED

Dear Sirs:

Pursuant to Order Approving Boomerang Wireless, LLC d/b/a enTouch Wireless (Boomerang Wireless) as an Eligible Telecommunications Provider dated October 24, 2012 in Docket No. 2012-205-C – Order No. 2012-787 the South Caroline Public Service Commission ("Commission") designated Boomerang Wireless an Eligible Telecommunications Carrier ("ETC") for the limited purpose of providing Lifeline services in the state of South Carolina. Stipulation issued in the docket requires Boomerang Wireless to submit a copy of Form 497 filed with USAC.

Boomerang Wireless respectfully submits revised copies for the quarter October 2013 to December 2013.

Respectfully submitted,

Mark Lammert CPA
Attorney-in-Fact

Boomerang Wireless d/b/a enTouch Wireless

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(C) miles ADO IC( )	Identification Num	•				ode <u>249019</u>
(3) Filer 499 ID {	<del></del>	(4) Technology	Туре (	check one) Wirel	line 🗀	Wireless 🕢
(5) ETC Designation Type (0	Check one): Life	eline Only	High	Cost/Low Income		
(6) Organization Information	1			Filing Information		
Company Legal Name:	Boomerang \	Vireless LLC	(/) a)	Submission Date	11/06/	2042
Contact Name:	Caitlyn Lump		b)	Data Month		
Mailing Address:		RD SUITE A	(c)	Type of Filing	Octobe	er 2013
		THE GOITE A	-	(check one)	Orlean	_
	HIAWATHA,	IA 52222			Original Revision	
Telephone Number:	678-389-602		(d)	State Reporting	SOUTI	CAROLINA
Fax Number:	770-594-3878		-			
E-mail Address:	cmmurp@cgr		-			
	- Peogl					
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup	port/	(c) Total Lifeline
Non-Tribai Low-Income Subs Receiving federal Lif	scribers			Subscriber Sup	port	, ,
		(8) <u>6571</u>		x \$9.25	5	= \$ <u>60782</u>
ribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>O</u>		x \$ <u>0.00</u>		= \$ 0
treatming records Ell	enne aubbott	To	tal Ea	(not to excee	ed \$34.25)	
"all Limitation Sancia	/T/ O)		var i e	deral Lifeline Sup	port Claim	ed (10) \$ <u>60782</u>
foll Limitation Service	es (ILS)					
Cost of Providing TL: (the lesser of incremental	S per Subscriber cost or \$3 in 2012 /\$:	(11) <u>0.00000</u>	0	_		
Number of TLS Subs		(12) <u>0</u>		_		
all to the				Total TLS Suppo	rt Claims	(42) a ()
<b>ribal Link Up</b> (Available	only to ETCs red	eiving High Cost sup	port)	- 3mi 120 Suppo	it Cialmed	(13) \$ 0
Mumber - 2 A	ne Waived	(14) 0				
number of Connection	Number of Connections Waived Charges Waived per Connection					
Number of Connection Charges Waived per (	Connection	1177		(for multiple and		
number of Connection Charges Waived per (	Connection	117/		. (for multiple rates, u	ise an avera	ge amount)
Number of Connection Charges Waived per ( Total Connection Cha	Connection	(15) \$ 0.00 (not to exceed \$100)		. (for multiple rates, u	ise an avera	ge amount)
Charges Waived per ( Total Connection Cha	Connection	(15) \$ 0.00 (not to exceed \$100) (16) \$ 0.0		. (for multiple rates, u	ise an avera	ge amount)
Charges Waived per (	Connection	(15) \$ 0.00 (not to exceed \$100)		. (for multiple rates, u	ise an avera	ge amount)
Charges Waived per ( Total Connection Cha	Connection	(15) \$ \overline{0.00} \( \text{(not to exceed \$100)} \) (16) \$ \overline{0.0} \( \text{(17)} \) \$ \overline{0.00} \( \text{(17)} \)				
Charges Waived per ( Total Connection Cha	Connection	(15) \$ \overline{0.00} \( \text{(not to exceed \$100)} \) (16) \$ \overline{0.0} \( \text{(17)} \) \$ \overline{0.00} \( \text{(17)} \)		. (for multiple rates, u		
Charges Waived per C Total Connection Cha Deferred Interest  TC Payment	Connection rges Waived	(15) \$ 0.00 (not to exceed \$100) (16) \$ 0.0 (17) \$ 0.00	tal Tril	oal Link Up Suppo	rt Claimed	
Charges Waived per C Total Connection Cha Deferred Interest	Connection rges Waived	(15) \$ 0.00 (not to exceed \$100) (16) \$ 0.0 (17) \$ 0.00	tal Tril	oal Link Up Suppo	rt Claimed	

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

11/06/2013	James Balvanz			
DATE	OFFIGER CLOSE			
	OFFICER SIGNATURE			
CFO	James Balvanz			
OFFICER TITLE				
NOTICE: To implement a street	OFFICER NAME			

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Falling to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provide	der identification N	umban	•	avg. Burden (	Est. per Respondent: 2.
(3) Filer 499 ID	The state of the s				Code <u>249019</u>
	- 404		Type (check one) W	ireline 🔲	Wireless 🕢
(5) ETC Designation Typ	-	Lifeline Only 🛂	High Cost/Low Inco	me 🔯	
(6) Organization Informa	tion				
Company Legal Name:	Boomeran	g Wireless LLC	(7) Filing Informati a) Submission Da		
Contact Name:	Caitlyn Lur			12/03/	
Mailing Address:		NA RD SUITE A	b) Data Month c) Type of Filing	Noven	nber 2013
		JOHLA	(check one)	0-1-1	_
	HIAWATHA	IA 52233	1	Original Revision	
Telephone Number:	678-389-60	24	d) State Reporting	SOUT	I CAROLINA
Fax Number:	770-594-38		-		
E-mail Address:	cmmurp@c		-		
Lifeline		9	J		
<del></del>					
Non-Tribal Low-Income Subscribers		(a) # Lifeline <u>Subscribers</u>	(b) Lifeline S	upport/	(c) Total Lifeline
Receiving federal	ubscribers Lifeline Support	(8) 6244	Subscriber S	upport	(-) · out Eligible
Tribal Low-Income Subscribers			× \$ <u>9</u>	25	= \$ 57757
Receiving federal	ibers Lifeline Support	(9) <u>O</u>	× \$ <u>0.00</u>		= \$ 0
		To	(not to exc	ceed \$34.25)	
Toll Limitation Servi	ices (TI S)	10	tal Federal Lifeline Su	pport Claime	ed (10) \$ <u>57757</u>
	(120)				
Cost of Providing (the lesser of increment	TLS per Subscriberatel cost or \$3 in 2012.	(11) 0.00000	)		
Number of TLS Su		<b>42</b> in 2013)			
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DECUDERS	(12) <u>0</u>	<del></del>		
ribal Link Un (Availa)	olo anti il seno		Total TLS Supp	art Olater	
ribal Link Up (Availal	ne only to ETCs re	ceiving High Cost supp	port)	on Claimed	(13) \$ <u>U</u>
Number of Connect	ions Waived	(14) <u>0</u>			
Charges Waived pe	r Connection	0.00	/for multi-l		
		(not to exceed \$100)	(for multiple rates,	use an averag	e amount)
Total Connection Cl	narges Waived	(16) \$ <u>0.0</u>			
Deferred Interest	5 wii 100				
minii 69(		(17) \$ <u>0.00</u>			
		Tota	l Tribal Link Up Supp	ort Clai	un a ()
C Payment			օր օսիի	ort Cialmed (	18) \$
al Lifeline \$ 57757	Total Ti o c O				
	iotal ILS \$ U	Tota	i Tribal Link Up \$ 0		
				)ollars (19) \$	
14	Vou hour and		i otali L	vollars (19) \$	01131

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12/05/2013	James Balvanz	
	James Balvanz	
DATE	OFFICER SIGNATURE	
CFO	James Balvanz	
OFFICER TITLE	OFFICER NAME	
NOTICE: To implement as attaining a		

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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider I	dentification Num	ber_		(2) St	udy Area (	Code <u>249</u> 019
(3) Filer 499 ID	(A) Tackmala wa T				Wireless 🕢	
(5) ETC Designation Type (C	heck one): Life	eline Only		Cost/Low Income	***************************************	Wileless Egg
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Boomerang \	Vireless LLC	(,)	Submission Date	01/05/	2014
Contact Name:	Caitlyn Lump	kin	b)	Data Month	<del></del>	nber 2013
Mailing Address:	<u>-</u>	RD SUITE A	(c)	Type of Filing	Decem	IDEI 2013
				(check one)	Original Revision	4
Tolonhono Number	HIAWATHA,		d)	State Reporting		H CAROLINA
Telephone Number:	678-389-6024	1			100011	TOTALOLINA
Fax Number:	770-594-3878	3	7			
E-mail Address:	cmmurp@cgr	ninc.com				
Lifeline						
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup	port/ port	(c) Total Lifeline
		(8) <u>5872</u>		x \$9.25	5	= \$ <u>54316</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		x \$ <u>0.00</u>		= \$ 0
resorting reactar En	anne Support	Ta	401 5-	not to excenderal Lifeline Sup	ed \$34.25)	
Toll Limitation Service  Cost of Providing TLS (the lesser of incremental	Sper Subscriber	(11) <u>0.00000</u>	0	_		
Number of TLS Subsc		(12) <u>0</u>		_		
<b>Tribal Link Up</b> (Available	only to ETCs rec	eiving High Cost sup	port)	Total TLS Suppo	rt Claimed	(13) \$ <u>0</u>
Number of Connection Charges Waived per C	ns Waived onnection	(14) $\frac{0}{0.00}$ (not to exceed \$100)		. (for multiple rates, u	ise an avera	ge amount)
Total Connection Char	ges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		Tot	al Tril	oal Link Up Suppo	rt Claimed	(18) \$ <u>0</u>
TC Payment						
tal Lifeline \$ 54316	Total TLS \$ 0	То	tal Tri	bal Link Up \$ 0		
					ollars (19)	<sub>e</sub> 54316

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DATE	OFFICER SIGNATURE	
OFFICER TITLE	OFFICER NAME	

### OFFICER NAME

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